

09/899293

|                  |         |                   |                          |              |
|------------------|---------|-------------------|--------------------------|--------------|
| DATE:            | 9/14/01 | FROM:             | CAP                      | (print name) |
| FORWARD TO:      |         | REASON(S):        |                          |              |
| A. Art Unit:     | 2131    | A. You had Parent | <input type="checkbox"/> | (check box)  |
| B. Class:        | 213     | B. See Title      | <input type="checkbox"/> | (check box)  |
| C Subclass:      | 200+    | C. See Abstract   | <input type="checkbox"/> | (check box)  |
| D. See Claim(s): |         | D. See Claim(s):  | <input type="checkbox"/> | (check box)  |

FURTHER EXPLANATION IF NEEDED:

*deny accessing for computer security*

|                  |  |                   |                          |              |
|------------------|--|-------------------|--------------------------|--------------|
| DATE:            |  | FROM:             |                          | (print name) |
| FORWARD TO:      |  | REASON(S):        |                          |              |
| A. Art Unit:     |  | A. You had Parent | <input type="checkbox"/> | (check box)  |
| B. Class:        |  | B. See Title      | <input type="checkbox"/> | (check box)  |
| C Subclass:      |  | C. See Abstract   | <input type="checkbox"/> | (check box)  |
| D. See Claim(s): |  | D. See Claim(s):  | <input type="checkbox"/> | (check box)  |

FURTHER EXPLANATION IF NEEDED:

|                       |  |                   |                          |              |
|-----------------------|--|-------------------|--------------------------|--------------|
| DATE:                 |  | FROM:             |                          | (print name) |
| FORWARD TO CLASSIFIER |  | REASON(S):        |                          |              |
|                       |  | A. You had Parent | <input type="checkbox"/> | (check box)  |
|                       |  | B. See Title      | <input type="checkbox"/> | (check box)  |
|                       |  | C. See Abstract   | <input type="checkbox"/> | (check box)  |
|                       |  | D. See Claim(s):  | <input type="checkbox"/> | (check box)  |

FURTHER EXPLANATION IF NEEDED:

## DISPOSITION BY 2700 CLASSIFICATION

|                  |  |                   |                          |             |
|------------------|--|-------------------|--------------------------|-------------|
| DATE:            |  | CLASSIFIER:       |                          |             |
| FORWARD TO:      |  | REASON(S):        |                          |             |
| A. Art Unit:     |  | A. You had Parent | <input type="checkbox"/> | (check box) |
| B. Class:        |  | B. See Title      | <input type="checkbox"/> | (check box) |
| C Subclass:      |  | C. See Abstract   | <input type="checkbox"/> | (check box) |
| D. See Claim(s): |  | D. See Claim(s):  | <input type="checkbox"/> | (check box) |

FURTHER EXPLANATION IF NEEDED: